

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Medical Review Division regarding a medical fee dispute between the requestor and the respondent named above.

I. DISPUTE

1. a. Whether there should be additional reimbursement for dates of service 5-31-01 through 12-19-01.
- b. The request was received on 4-24-02.

II. EXHIBITS

1. Requestor, Exhibit I:
 - a. TWCC 60 and Letter Requesting Dispute Resolution
 - b. HCFAs
 - c. EOBs
 - d. Medical Records
 - e. Any additional documentation submitted was considered, but has not been summarized because the documentation would not have affected the decision outcome.
2. Respondent, Exhibit II:
 - a. TWCC 60
3. Per Rule 133.307 (g) (4), the Division forwarded a copy of the requestor's additional documentation to the carrier on 7-9-02. The respondent did not respond to the additional documentation. Its initial response is reflected in Exhibit II.
4. Notice of A letter Requesting Additional Information is reflected as Exhibit III of the Commission's case file.

III. PARTIES' POSITIONS

1. Requestor: Letter not dated:

“(Carrier) denied all services based on payment exception code(s) **F Fee Guideline Mar Reduction** Used [sic] when the IC is reducing payment from the billed amount in accordance TWCC fee guidelines MAR, including when the IC is paying for a generic pharmaceutical at the brand name price because the brand name price is lower. NOT used for reductions based on lack of documentation or for charges for which TWCC has not established an MAR. (Provider) provided healthcare to (claimant) reasonably required by the nature of the injury that cured or relieved the effects naturally resulting from the compensable injury, promoted recovery, and/or enhanced the ability of the employee to return to or retain employment.”
2. Respondent: No position statement noted in the dispute packet.

IV. FINDINGS

- Based on Commission Rule 133.307(d) (1) (2), the only dates of service eligible for review are 5-31-01 through 12-19-01.
- No denial codes were noted on any of the EOBs submitted.
- The following table identifies the disputed services and Medical Review Division's rationale:

DOS	CPT or Revenue CODE	BILLED	PAID	EOB Denial Code(s)	MARS	REFERENCE	RATIONALE:
05-31-01 05-31-01 07-31-01 09-28-01 11-02-01 12-19-01	64999 A4265 64999 64999 64999 64999	\$248.00 \$ 72.00 \$248.00 \$248.00 \$248.00 \$248.00	\$40.00 \$40.50 \$40.00 \$40.00 \$40.00 \$40.00	No denial codes noted for any of the dates in dispute	DOP DOP DOP DOP DOP DOP	TWCC Rule 133.304 (c); CPT Descriptor	<p>No denial codes were noted on the EOBs submitted.</p> <p>TWCC Rule 133.304 (c) states, "The explanation of benefits shall include the correct payment exception codes required by the Commission's instructions, and shall provide sufficient explanation to allow the sender to understand the reason(s) for the insurance carrier's actions(s). A generic statement that simply states a conclusion such as "not sufficiently documented" or other similar phrases with no further description for the reason for the reduction or denial of payment does not satisfy the requirements of this section."</p> <p>The Carrier has failed to provide sufficient denial, or explanation of denial as required by Rule 133.304 (c). Therefore, additional reimbursement is recommended in the amount of \$1,071.50. (Billed \$1,312.00 - \$240.50 already paid = \$1,071.50.)</p>
Totals		\$1,312.00	\$240.50				The Requestor is entitled to additional reimbursement in the amount of \$1,071.50

V. ORDER

Pursuant to Sections 402.042, 413.016, 413.031, and 413.019 the Medical Review Division hereby ORDERS the Respondent to remit \$1,071.50 plus all accrued interest due at the time of payment to the Requestor within 20 days receipt of this order.

This Order is hereby issued this 27th day of February 2003.

Lesia Lenart
Medical Dispute Resolution Officer
Medical Review Division

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